ankles, great enlargement of the liver and spleen, and of the glands of the axilla and groin. On microscopical examination of the blood, the white corpuscles were found almost equal in number to the red: they were somewhat smaller than usual. Treatment with iron, quinine, and faradization over the spleen was without result, and the patient died in 1875. There was no necropsy.

CASE III. A married woman, 50 years of age, had frequently suffered from epistaxis and menorrhagia; and, during the last year, had become thin and pale, with pains in various parts of the body, and frequent dyspnœa. When first seen in April, 1872, there was great anæmia, with a *bruit de diable* in the right jugular vein; the spleen was enormous, filling more than half the abdomen. The white blood-corpuscles were increased in number. Faradization with dry brushes produced temporary contraction of the spleen, but was without permanent benefit, and galvanism proved equally useless. The patient was then lost sight of.

Dr. Chvostek remarks that of these three cases, the first began with hypertrophy of the lymph-glands (anæmia lymphatica, lymphæmia of Virchow, Hodgkin's disease), and then the spleen also enlarged (splenæmia of Virchow, leucocythæmia of Bennett); the second began with splenic, and went on to hepatic and glandular swelling; and the third was purely splenic, unless the bones may also have been involved (leuchæmia myelogenica of Neumann), which the author thinks was indicated by pains referred to the os calcis, sternum, and shoulders. This disease of the bones was certainly absent in the first case. The disease occurs more often in men than in women. Putting together Ehrlich's 91 cases, Mosler's 16, and the author's four (including one of splenic leuchæmia in a youth of seventeen, of which details are not given), he finds 75 in men to 36 in women. He proceeds at great length to compare the supposed etiology, course, and symptoms of his three cases with the statements in Mosler's monograph. The longest time in which the disease has lasted before a fatal termination is eight years; it appears to be usually more rapid in young patients. Quinine, iron, injection of the enlarged glands with arsenic, and treatment by galvanism and electricity, have proved as useless in Germany as the same methods of treatment, with phosphorus, iodide of potassium, and many other drugs, have in the hands of English physicians.—*London Med. Record*, July 15, 1877.

On Some Points in the Clinical History of Chorea.

Dr. W. R. GOWERS, of London, read at the late meeting of the British Medical Association a paper which had for its object to illustrate by cases some points in the common or occasional clinical history of chorea which have hitherto received little attention. I. *An increase in the irritability of nerve and muscle to electrical stimulation*, to both faradic and voltaic stimulation. The change can be observed best in cases of hemichorea. Five cases were narrated in which it was observed, and in some of these it was proved to disappear on the subsidence of the chorea. The same fact has been noted by Benedikt and Rosenthal, who have also observed a change in the nerve-reaction to voltaism which Dr. Gowers partially confirms. The significance of the increased irritability is probably an altered state of nutrition of the fibres of the nerves and of the motor nerve-cells of the spinal cord, under an irritation transmitted downwards from the diseased cerebral region, and is another illustration of altered nutrition in functional disturbance. II. *The relation of the muscular disturbance of chorea to voluntary movement.* The inco-ordination of voluntary movement varies independently of the spontaneous spasmodic movements. Instances were mentioned in which the spontaneous movements were slight and the inco-ordination great, in which there was much spontaneous movement and little or no inco-ordination, in which the relative proportion of the two varied at different periods of the same attack. Reasons were given for regarding the inco-ordination as something distinct from mere inability of the will to still the spontaneous spasm. As far as the observation went, they suggested the conclusion that the spontaneous spasm was in excess late in a case and during relapses. The independent variation of the two elements suggests that they depend on a morbid condition of distinct and perhaps separate regions. III. *The relation of chorea to other convulsive affections.* If chorea depends on an unstable condition of gray matter, it is not surprising to find it occasionally associated with other diseases which we ascribe to a similar instability, such as hystero-epileptic and epileptoid convulsions of various kinds, and even true epilepsy. In illustration of this, a series of cases were narrated, exhibiting—1. Chorea, with remarkable choreo-epileptic seizures during the height of the affection; 2. General chorea succeeding unilateral convulsions of six months' duration; 3. Chorea, succeeded immediately by persistent unilateral convulsions and hystero-epileptic fits; 4. Chorea, more severe on one side, succeeded immediately by convulsions on that side; 5. Chorea, followed after an interval of some years by epileptoid seizures; 6. Chorea, succeeded after many years by true epilepsy.—*British Med. Journ.*, Aug. 25, 1877.

Syphilitic Brain Disease.

The attention which has recently been given to the morbid anatomy of cerebral syphilis, and the careful clinical observation of the last few years, with which Wilks, Hughlings Jackson, and Buzzard, in this country, are especially associated, have led to some important additions to our knowledge. But the precise connection of the various changes of the brain with the several sets of symptoms has as yet been but imperfectly worked out. We know, in fact, that the morbid lesions may be divided into three or four distinct sets; affections of the arterial system, of the dura and pia mater, of the brain-substance proper by growths of gummatous material into its substance, and of the cranial nerves, not to mention the growths in connection with the cranium and external surface of the dura mater. In many cases these lesions and the symptoms consequent upon them are found combined in the same case, but in a not inconsiderable number of cases one or other predominates, and gives a special character to the symptoms. Thus in the class of cases which come under the head of syphilitic epilepsy, in which the peculiar mode of onset and evolution of the fits have led to the appellation of "Jacksonian epilepsy," in honour of the physician who first clearly studied and described them, the symptoms seem to be specially associated with a gummatous infiltration of the pia mater over certain portions of the vertex, and of a greater or less extent of the subjacent cortical substance. But in a very large number of cases the symptoms are ill-defined, irregular, and apparently capricious, and it is this irregularity and multiformity which is often regarded as the special characteristic of cerebral syphilis. It is certainly important that we should, if possible, be able to attach the various symptoms to the lesions which produce them, and to classify for purposes of prognosis and treatment the several clinical forms which present themselves. Something of this kind has been attempted by Heubner in a very able article in the twelfth volume of Ziemssen's *Encyclopædia*, to which an especial importance attaches, owing to the valuable work which the author has already done in connection with the morbid anatomy of the subject.

According to Heubner, cases of cerebro syphilis may be roughly divided into three distinct clinical groups. There are, however, certain symptoms which they have in common, and which occur in a large number of cases of all forms. Of these headache is the most frequent and striking, and usually the first to attract